ENROLMENT FORM/CONTRACT 2025/26

The relationship between a child's parents and a setting is crucial to the child's well-being. The welfare, safety and protection of your child are at the heart of everything we do. To enable us to make the best provision for your child we are officially required to ask for information to be provided to us. Please understand that there are sound reasons why we are required to ask these questions. We want to help your child to keep safe, it is not just that we are being curious. Thank you for your co-operation.

Responsibility?

from above)

Home Tel

Work Tel

Mobile

Address (if different



c/o St Peter's CE School Belford Road, Harrogate, HG1 1JA Tel: 07771 867641

Child's Current Full	Name						
Also Known As							
Any Previous Names	3						
Date of Birth				Gender			
Teacher				Year			
1st Language	1 st Language			2 nd Language	2		
Child's Current Address					Post Code		
Any Previous Addre	ss					1	
			Post		Post Code		
Home Telephone Nu	mber						
Email of Main Conto	act for						
Additional Email for	Famly						
Login (if required)							
Details of Parents/	Carers & l	Emergency Con	tacts				
				Additional Emergency		Additional Emergency	
	Main contact			Contact		Contact	
Name(s)							
Relationship							
Parental							

Please confirm below whom you authorise to collect your child and in addition supply a password for use in the event that an unauthorised person is required to collect your child. If you wish for an unauthorised person to collect your child we do insist that you let us know in advance and that the named person brings some form of photo ID to prove their identity.

I understand	that is my	/ responsibility	to have	obtained	consent	from	all	emergency	contacts	to supply	/ their
personal infor	rmation.									AGREE	

Authorised Names (in addition to those	
given in Contacts if required)	
Password - essential	

Health & Welfare Information

Any known allergies/illnesses

Any additional needs/cultural /dietary requirements			
Is the child on the SEN register? Please provide further details			
		must be available at Funclub at all times the childust be completed. Please see the manager for furth	
Child's Doctor's Name			
Doctor's Address			
Doctor's Phone Number			
Please give details below of	f any of the followin	ng factors that may be relevant to you	r child:
Names, roles and contact details of who have contact with your child of the Any relevant court orders in place which affect any person's access residence order, contact order, conjunction etc.) Is there any information orders that our setting needs to be will help us to care for your child?	e including those to the child (e.g. are order, mation from these be aware of which		
Any child protection plan which yo	our child is subject		
Any other factors which may impound welfare of the child?	act on the safety		

Safeguarding Children Statement: Please note that if we have any concerns about your child's development, welfare or safety, we will speak to you immediately. We are required to keep records of these concerns, and when we feel it necessary the advice of other professionals will be sought (in accordance with our Safeguarding Children Policy and Procedures). All matters will be dealt with in consultation with parents / carers and in the strictest confidence.

ession/Booking and	d Invoicing	Details						
Required Start D	ate							
ease tick request	ed place red	quirements	Γ			1		
Session	١	Mon	Tues	Weds	Thurs	Fri		
AM (from 07.30a	am)							
PM (until 5.00pm)							
LATE PM (until 6	.00pm)							
Please note that we requasis, subject to availabi Payment Terms: Invoic poking or on receipt of	lity. Holiday can ses will be issue	re will be booked se d via email and are	parately. Fees will b attendance payable in advance o	e charged for all bo	ooked term time ses	sions, regarc aid for at tir	lless o	
Bill Payer Name(:	s)	plo	ace may be withdrav	vn.				
Bill Payer Email	-,							
First Aid: We occasioned to use on your child: Su Emergency Medical Per Ambulance, A & E Depar	n Cream (min. fa mission: I confi	ctor 30)/Antiseptic ' rm that in case of em	Wipes/Micropore Tap nergency, club staff n	pe/Plasters/Cold Com nay involve Emergency	presses. / Services i.e.	Agree Agree		
would allow us to start to Photographs: I confirm	treatment immed that photos may	diately). v be taken of my child	d. Photos will only be	used for Funclub disp	plays onsite and on	Agree		
Famly where other Funclub parents may view. Photos will not be publicly published without further consent. Outings & Excursions: I confirm that my child may participate in Outings & Excursions by transport or on foot on an ongoing basis. This is mainly during school holiday periods if attending our holiday club.						Agree		
Data Protection: I give years for the sole use o up-to-date information	permission for t f the club admin	he Funclub to store 1	my information electr	onically and/or on pap		Agree		
Sharing Information with other Professionals: I give permission for the club to seek or share any relevant information pertaining to the care of the child with other professionals involved with the child and/or family. This includes during school holidays if attending our holiday club from a different Funclub setting.								
confirm that the above	e information is	correct and that I		s form. I understand	d that a full set of F		es and	
	Signed			Printed		Date		
Parent/Carer 1								
Parent/Carer 2								
For Funclub								

GENERAL DATA PROTECTION REGULATIONS 2018

We are required by law to keep certain information regarding you and your child for statutory and for business purposes. We will not keep any more information than necessary. This information is kept securely on our premises in locked cabinets and only accessed by the Management Team key holders. We will only use your (including your child's) personal information to provide a childcare service to you.

We keep your information so you can receive important updates, invoices, information regarding your child and Funclub by email and Famly. We will keep your information secure and will not share it except if required by law to do so. We will not retain information any longer than the legally required timescales. (For more information please contact your manager).

By signing this form you understand the need for us to continue holding and processing your data, and to us sending you information. Should you wish to view your child's file, please see our Access in Information Policy and Confidentiality & Data Protection Policy.